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GENENT.052CP2 PATENT

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, CO	Applicant	:	De Sauvage et al.)	Group Art Unit 1646	
	App. No.	:	08/793,653)	OFN/FI)
	Filed	:	February 27, 1997)	RECEIVED	
	For	:	OB PROTEIN- IMMUNOGLOBULIN CHIMERAS)))	TECH CENTER 1600	
	Examiner	:	Christine Sayud	,		

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

United States Patent and Trademark Office P.O. Box 2327 Arlington, VA 22202

Dear Sir:

Enclosed is form PTO-1449 listing One (1) reference that is also enclosed. This Information Disclosure Statement is being filed before the mailing date of a final action under 37 C.F.R. § 1.113 and before the mailing date of a Notice of Allowance under § 1.311. A certification under 37 C.F.R. § 1.97(e) is set forth below. Thus, no fee is required as set forth below in 37 C.F.R. § 1.97(c).

CERTIFICATION UNDER 37 C.F.R. § 1.97(e)(1)

I hereby certify that each item of information contained in this Statement was first cited in a communication from a foreign Patent Office in a counterpart foreign application not more

Appl. No.

08/775,066

Filed

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December 27, 1996

than three months prior to the filing of this Information Disclosure Statement.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: March 21, 2005

Andrew N. Merickel
Registration No. 53,317

Attorney of Record Customer No. 20,995

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No.



Case Docket No. GENENT.052CP2

Date: March 21, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

De Sauvage et al.

Appl. No.

08/793,653

Filed

February 27, 1997

For

OB PROTEIN-

IMMUNOGLOBULIN

CHIMERAS

Examiner

" Christine Sayud

Group Art Unit:

1646

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: United States Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202, on

(Date)

Andrew N. Merickel, Reg. No. 53,317

TRANSMITTAL LETTER

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TECH CENTER 1600/2900

Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) A Supplemental Information Disclosure Statement.
- (X) A PTO Form 1449 with One (1) reference.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

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